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CONFIRMATION NO. 3709

SERIAL NUMBER 10/509,292	FILING OR 371(c) DATE 09/23/2004 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. MP-01
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US03/08970 03/24/2003 which claims benefit of 60/367,591 03/25/2002

** FOREIGN APPLICATIONS *****

none, C.C.

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>OK, C.C.</u> Examiner's Signature Initials				

ADDRESS

50446

TITLE

Treatment methods for eotaxin mediated inflammatory conditons

FILING FEE RECEIVED 608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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